---- AIRA IIAA IIAA ----

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

980272A

| CLAIMS AS FILED - PART I<br>(Column 1)  |  |   |                                 |                      | (Column 2)                      |                                     |                                       | SMALL ENTITY TYPE |                        | OTHER THAN |            |                        |
|---|--|---|---------------------------------|----------------------|---------------------------------|-------------------------------------|---------------------------------------|-------------------|------------------------|------------|------------|------------------------|
| TOTAL CLAIMS  |  |   |                                 |                      |                                 |                                     |                                       | RATE              | FEE                    |            | RATE       | FEE                    |
| FOR   |  |   | NUMBER FILED                    |                      | NUMBER EXTRA                    |                                     |                                       | BASIC FEE         | 370.00                 | OR         | BASIC FEE  | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | // minus 20=                    |                      | •                               |                                     |                                       | X\$ 9=            |                        | OR         | X\$18=     |                        |
| INDEPENDENT CLAIMS  |  |   | 4 minus 3 =                     |                      | * /                             |                                     |                                       | X42=              |                        | OR         | X84=       | 84                     |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                                 |                      | <del></del>                     |                                     |                                       | +140=             |                        |            | +280=      | -3/-                   |
| * If the difference in column 1 is less than zero, enter                              |  |   |                                 |                      |                                 | olumn 2                             |                                       | TOTAL             |                        | OR         | TOTAL      | 824                    |
| ••  |  |   |                                 |                      | IOIAL                           |                                     | OR                                    | OTHER             |                        |            |            |                        |
|   |  |   |                                 |                      |                                 | (Column 3)                          | L                                     | SMALLE            | ENTITY                 | OR         | SMALL      |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                 | PREVI                | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA                    |                                       | RATE              | ADDI-<br>TIONAL<br>FEE |            | RATE       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | * //  | Minus                           | ** 2                 | 0                               | =                                   |                                       | X\$ 9=            |                        | OR         | X\$18=     |                        |
|   | Independent                                    | • 4   | Minus                           |                      | 3                               | = /                                 |                                       | X42=              |                        | OR         | X84=       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                 |                      |                                 |                                     | j                                     | +140=             |                        | OR         | +280=      |                        |
| BEST AVAILABLE COP  |  |   |                                 |                      |                                 |                                     |                                       | TOTAL             | ·                      | ΩD         | TOTAL      |                        |
| ADDIT. FEE          |  |   |                                 |                      |                                 |                                     |                                       |                   |                        |            |            |                        |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT            |                                 | HIGI<br>NUN<br>PREVI | HEST<br>MBER<br>HOUSLY<br>FOR   | PRESENT<br>EXTRA                    |                                       | RATE              | ADDI-<br>TIONAL<br>FEE |            | RATE       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                           | **                   |                                 | =                                   |                                       | X\$ 9=            |                        | OR         | X\$18=     |                        |
|   | Independent                                    | *   | Minus                           | ***                  |                                 | -                                   |                                       | X42=              | :                      | OR         | X84=       |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT       |   |                                 |                      | T CLAIM                         |                                     | j                                     | +140=             |                        | OR         | +280=      |                        |
| TOTAL   |  |   |                                 |                      |                                 |                                     |                                       |                   |                        | OR         | TOTAL      |                        |
| ADUIT. FEE  |  |   |                                 |                      |                                 |                                     |                                       |                   |                        |            |            | -                      |
| AMENDMENT C   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                 | HIGH<br>NUM<br>PREV  | HEST<br>MBER<br>NOUSLY<br>O FOR | PRESENT<br>EXTRA                    | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | RATE              | ADDI-<br>TIONAL<br>FEE |            | RATE       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                           | **                   |                                 | =                                   |                                       | X\$ 9=            |                        | OR         | X\$18=     |                        |
|   | Independent                                    | •   | Minus                           | ***                  |                                 | =-                                  | 1                                     | X42=              |                        | OR         | X84=       |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                 |                      |                                 |                                     | L                                     | +140=             |                        | 1          | +280=      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                 |                      |                                 |                                     |                                       |                   |                        | OR         | TOTAL      |                        |
| **  | If the "Highest Nu                             | mber Previously P                           | aid For IN THI<br>aid For IN TH | S SPACE<br>IS SPACE  | is less that<br>is less that    | ın 20, enter "2<br>ın 3, enter "3." | •                                     | ADDIT: FEE        |                        | OR         | ADDIT. FEE |                        |
|   | The "Highest Nun                               | nber Previously Pa                          | id For (Total o                 | r indepen            | dent) is the                    | e nignest num!                      | Der to                                | und in me sto     | ргорнате оо            | X III CI   | wumin 1.   |                        |